

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/926322

FILING DATE

APPLICANT(S)

12/27/04 CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1				
3		2				
4		2				
5		0				
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TOTAL IND.	1		1		1	
TOTAL DEP.	11	↓	9	↓	4	↓
TOTAL CLAIMS	12	1000000	10	1000000	5	1000000

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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS